P0500004876/

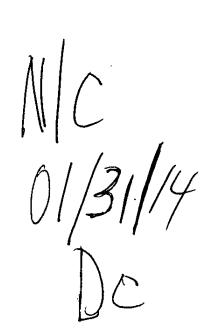
(Re	equestor's Name)	· ·
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400255274964

01/24/14--01007--014 **35.00



COVER LETTER

Division of Corporations NAME OF CORPORATION: Jacksonville Beach Pediatric Care Center, Inc. DOCUMENT NUMBER: P05000048761 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mary Daniel Name of Contact Person Jacksonville Beach Pediatric Care Center, Inc. Firm/ Company 274 Third Avenue Address Jacksonville Beach, FL 32250 City/ State and Zip Code mary@24hourkidcare.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 249-3373

Area Code & Daytime Telephone Number Mary Daniel Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

■ \$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation

Jacksonville Beach Pediatric Care Center, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000048761						
(Document Number of Corpo	oration (if k	nown)				
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this <i>Fl</i>	orida Profit Corp	ooration adopts the	following	amend	ment(s) to
A. If amending name, enter the new name of the corpora	ation:					
24/7 Pediatric Care Centers, Inc.					The n	ew
name must be distinguishable and contain the word "co" "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	ıc," or "Co	o". A profession	"incorporated" al corporation na	or the abo me must co	breviati	ion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>S</u>)					
				4		
				-17	7	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				골쐶		" F. F.
(124	, ESTA GARAN I MANE ANTONI E a
				77,70	- ਤੁਰੀ	group. A.
				2.5 67	3	ا ماهندوس الموسورة
D. If amending the registered agent and/or registered of		s in Florida, ent	er the name of the	2 (5) <u>-</u>	53	
new registered agent and/or the new registered office	address:			 سالت		3
Name of New Registered Agent						
	lorida street	address)				
New Registered Office Address:			_, Florida			
	(City)		(Zip	Code)		
New Registered Agent's Signature, if changing Registere						
I hereby accept the appointment as registered agent. I am J	familiar wit	h and accept the	obligations of the p	posítion.		

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add Remove			
2) Change	•		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	·
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adopt	tion: 12/31/2013	, if other than the
date this document was signed.		
Effective date if applicable:	(_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes cast for the amendment(s) tent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted	d by the incorporators without shareholder action and shareholder	
action was not required.	^	
Dated	14	
Signature	ttery up	
selected, by	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
No	orberto Benitez	
	(Typed or printed name of person signing)	
Pro	esident	
	(Title of person signing)	